

Marketplace Assister Certification Standards Background and Open Comment Period

Delaware has made significant progress on its journey to reforming health care for Delawareans since President Obama signed the Affordable Care Act (ACA) into law in March 2010. The state spent the remainder of that year studying the ACA's mandates, their implications for Delaware, and engaging stakeholders (insurance carriers, brokers, small businesses, individuals, etc.). By April 2011 the Health Benefit Exchange (HBE) project team was in place and began the detailed task of gathering, assessing, and analyzing basic data about our state to address a key decision facing Delaware, specifically, what type of exchange (state or federal) could support the state's overarching goal of improving and providing access to affordable care to all Delawareans in a way that was financially sustainable. By February 2012 the analysis was complete and concluded that it would be fiscally impossible for Delaware to operate its own state exchange over the long term. Delaware instead elected to implement a Federal-State Partnership Exchange (SPE) in which the federal government is responsible for building and operating the exchange and Delaware retains responsibility for the plan management and consumer assistance functions.

Since Delaware made this critical decision regarding what exchange model to implement, activities have centered on developing the necessary policies to support SPE operations. These activities include development of the state's

- essential health benefit (EHB) benchmark plan which defines the minimum level of services that all health plans offered in the state (both in and outside of the exchange) must meet,
- qualified health plan (QHP) standards (i.e. the standards all plans must meet in order to be sold on the exchange),
- business operations manual for Plan Management, and
- program design draft for Consumer Assistance which now must include a new function called the Market Place Assister (MPA).

In developing the State Partnership Exchange Model for Consumer Assistance, General Counsel to the US Dept of Health and Human Services (HHS) noted that, due to issues of legal authority, Navigators in State Partnership states must be selected and funded by the federal government. Navigators under this program may not be selected until late summer 2013. Therefore, in an effort to augment State control over consumer assistance within the guidelines of the Partnership model, HHS has created a new, required program for State Partners to implement. This new program is referred to as Marketplace Assistance.

On paper, the Marketplace Assistance program looks similar to the Navigator program as described within the ACA, except that Marketplace Assisters are selected and managed entirely by the State. These individuals are expected to provide unbiased consumer support services to all Exchange enrollees and prospective enrollees on an ongoing basis. Marketplace Assisters will also conduct early, in-person outreach beginning in the spring of 2013 to educate prospective enrollees about the Exchange.

Through a work group on consumer assistance, DE has drafted several certification standards to which all Marketplace Assisters will be required to adhere. PCG presented these standards, along with an overall explanation of the new consumer assistance model, at the December 6th Health Care Commission meeting. The standards will be available for public comment through December 22, 2012 and revised as necessary. Commission members will be asked to review the revised standards and vote on adoption during the January 3, 2013 meeting.

The Marketplace Assister Certification Standards open comment period ends December 22, 2012. Comments may be submitted by email to HBE_Delaware@state.de.us or by mail to:

Delaware Health Care Commission
Margaret O'Neill Building, Third Floor
410 Federal Street, Suite 7
Dover, DE 19901
Telephone: (302) 739-2730
Fax: (302) 739-6927

Thank you in advance for your participation in this important process.